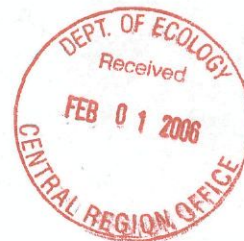




STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

FEES IN  
2-8-06

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

<i>\$50 pd 2/1/06 - \$336 pd 2/8/06 - Fees OK new EG \$486 Total</i>	
<b>FOR OFFICE USE ONLY</b>	
CHANGE No. <u>C54-28273</u>	WRIA <u>49 OK</u>
DATE ACCEPTED <u>02 09 06</u>	BY <u>[Signature]</u>
FEE \$ <u>130<sup>00</sup></u>	REC'D <u>2 / 1 / 06</u>
CHECK No. <u>008935</u>	<i>for</i>
SEPA: <input type="checkbox"/> Exempt	<input checked="" type="checkbox"/> Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Keystone Fruit Company LLC</b>	PHONE NO. <b>(509)826-0836</b>	FAX NO. <b>(509)826-0836</b>
ADDRESS <b>367 Keystone Road</b>		
CITY <b>Riverside</b>	STATE <b>Washington</b>	ZIP CODE <b>98849 - 9602</b>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Same</b>	PHONE NO. <b>( )</b>	FAX NO. <b>( )</b>
ADDRESS		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>S4-28273P</b>	RECORDED NAME(S) <b>Keystone Fruit Company/Zaser and Longston Inc</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ CERT. OF CHANGE NO. \_\_\_\_\_

*S4-28273*

*C54-28273*



3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<b>Okanogan River</b>								
<b>2250'S and 1850' W</b>				<b>5</b>	<b>35</b>	<b>27</b>		
<b>From the NE corner</b>								

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<b>A well</b>								
<b>2350' S and 600' W</b>		<b>SE</b>	<b>NE</b>	<b>5</b>	<b>35</b>	<b>27</b>		
<b>From the NE corner</b>								
<b>Of section 5 within</b>								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?  
EXISTING: x YES ☐ NO      PROPOSED: x YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<b>Frost control</b>	<b>9.72 cfs</b>	<b>77.3</b>	<b>March 15- May31</b>

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<b>Frost control</b>	<b>9.72cfs</b>	<b>77.3</b>	<b>March15-May31</b>

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		<b>5</b>	<b>35</b>	<b>27</b>	<b>Okanogan</b>	<b>3527051004</b>	<b>125</b>
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE?   x YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		<b>5</b>	<b>35</b>	<b>27</b>	<b>Okanogan</b>	<b>3527051004</b>	<b>125</b>



DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

**Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.**

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

**6. Remarks and Other Relevant Information:**

**The purpose of this proposed change is to enable the use of an existing irrigation well for the use of frost control .**

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

**7. Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

Keystone Fruit Co LLC 01/31/20  
(Applicant) (Date)  
by Mark C Wael MANAGER

Same / /  
(Water Right Holder) (Date)

/ /  
(Land Owner(s) of Existing Place of Use) (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_